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Bib Data Sheet

CONFIRMATION NO. 2397

SERIAL NUMBER 09/583,336	FILING DATE 05/31/2000 RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO.
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APPLICANTS

William F. Reeves, Arlington, VA;

all au

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 08/02/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY VA	SHEETS DRAWING 6	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature <i>all</i>	Initials	

ADDRESS

William Reeves
PO Box 23
North Branford , CT
06471

TITLE

Computer instruments and emergency monitoring devices for retrieving and displaying stored medical records from bodily worn devices

FILING FEE RECEIVED 482	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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Bib Data Sheet

SERIAL NUMBER 09/583,336	FILING DATE 05/31/2000 RULE —	CLASS 705	GROUP ART UNIT 2768	ATTORNEY DOCKET NO. —	
APPLICANTS William F. Reeves, Arlington, VA ; ** CONTINUING DATA ***** <i>none</i> ** FOREIGN APPLICATIONS ***** <i>none</i> IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/02/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Verified and <i>Allowance</i> Acknowledged <i>OK</i> Examiner's Signature Initials		STATE OR COUNTRY VA	SHEETS DRAWING 6	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 2
ADDRESS William Reeves PO Box 23 North Branford ,CT 06471					
TITLE Computer instruments and emergency monitoring devices for retrieving and displaying stored medical records from bodily worn devices					
FILING FEE RECEIVED 482	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		